

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-575700

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1				
2		1				
3		1				
4		1				
5		1				
6		2				
7	1					
8		1				
9		1				
10	1					
11	1					
12	2					
13						
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50						
TOTAL IND.	2					
TOTAL DEP.	1					
TOTAL CLAIMS	14					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	51					
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						